University of Missouri Building Inspection Report

Date:	Campus:					
Permit #:	F	Project #:				
Project Name:						
Inspector Name/Con	tact info:					
Weather conditions: (check all that apply)		Outside temperature:	-		
Clear	Overcast					
Rain	Storm					
Snow	Very Dry					
Icy	Other:					
Muddy						
Reason for inspection:	(check all that apply)					
Reinspection						
Investigation of non-p	permitted work		_			
Reinspection to clear			_			
Other: (list in comme	· ·					
Type of inspection: (ch Utilities (S, SS, CW, Do Water, Duct Bank, etc	omestic	Gas service				
Footings		Insulation				
Ground Works Plumbing		Fire Alarm/Fire Sprinklers				
Slab/Deck Preps		Above ceiling inspections				
Structure/Framing			Final Inspection (no TCO/FCO required)			
Rough Plumbing			Temporary Certificate of Occupancy (Substantial Completion)			
Rough Mechanical			Final Certificate of Occupancy			
Rough Electric Electrical Bonding		Other:		-		
Temp electric/Constru	uction	Other:				
Permanent electric se	ervice	Other:				
Area/Space/Room nu	mbers inspected:					
Are there any code vio	lations noted?: Yes/No	0				
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Plan sheets related to inspection: (list below)	
Comments or other observation notes:	
Communications in the field: (check all that apply)	
Posted inspection results to project file (required)	
Discussed notes w/GC Superintendent	
Discussed notes w/Trades foreman	
Discussed notes w/In House trades foreman	
Discussed notes w/Owners Representative	
Other: (list in comments above)	
Person's name:	
Follow up action required? Yes/No (check all that apply)	
Correct and call for a reinspection	
Requires Arch/Eng review	
Stop Work Order to follow	
Other: list in comments above)	
Comment field (for Contractor use only):	
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